



King County
Department of Permitting
and Environmental Review
 35030 SE Douglas Street, Suite 210
 Snoqualmie, WA 98065-9266
206-296-6600 TTY Relay: 711
 www.kingcounty.gov

Web date: 02/27/2013

UNINCORPORATED KING COUNTY License Application Adult Entertainment

For alternate formats, call 206-296-6600.

Application for businesses in **unincorporated** King County only

APPLICATION FOR: ADULT ENTERTAINMENT

Check the appropriate boxes: ☐ Adult Club - \$750
☐ Adult Theater - \$750
☐ Adult Arcade - \$750

(Send or bring application and fee to the Department of Permitting at the address above. Make checks payable to King County Office of Finance.)

Check one: ☐ New ☐ Renewal

Business information

Name of business _____

Phone _____

DBA (Doing Business As) name _____

Business address _____
 _____ Street

City

State

ZIP

Mailing address _____
 _____ Street _____ City _____ State _____ ZIP _____

Do you propose to serve liquor? ☐ Yes ☐ No If yes, what is the status of your liquor license application?

Property information

Do the applicant/owner/business control persons/partners ☐ own, ☐ rent, or ☐ lease the premises? If the applicant/owner/business control persons/partners do not own the premises, which individual(s) or entity(ies) own(s) the premises? Please provide name, address, and telephone number of each owner and lessee of the business property:

First name _____ Middle _____ Last _____

Address _____ Phone # _____

First name _____ Middle _____ Last _____

Address _____ Phone # _____

First name _____ Middle _____ Last _____

Address _____ Phone # _____

Ownership information

Check one

☐ Individual Ownership ☐ Partnership ☐ Sole Proprietorship ☐ Corporation/Limited Liability Partnership ☐ Other

If you are a partnership, please specify the type of partnership by checking one: ☐ General ☐ Limited

Legal name of partnership _____ State Tax ID# _____ Federal Tax ID# _____

Name and address of any registered agent for service of process _____

The following documents must be included with your application:

- A copy of the partnership agreement
- Proof that your business is qualified to do business in the State of Washington
- Legal description of the property
- A sketch or diagram showing the configuration of the interior of the adult entertainment business, drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus 6 inches.
- A statement of total floor space
- An application signed by a general partner of the partnership and notarized.

If you are a corporation or a limited liability company, please specify the following:

Legal name of corporation/limited liability company _____

State Tax ID# _____ Federal Tax ID# _____

Date of incorporation _____ Place of incorporation _____

Name and address of any registered agent for service of process _____

The following documents must be included with your application:

- Proof that your business is qualified to do business in the State of Washington
- A legal description of the property
- A sketch or diagram showing the configuration of the interior of the adult entertainment business, drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus 6 inches
- A statement of total floor space
- An application signed by the president of the corporation and notarized.

If you are a Sole Proprietorship or Individual Ownership, please specify the following:

First, Middle and Last Name _____

State Tax ID# _____ Federal Tax ID# _____

The following documents must be included with your application:

- Proof that your business is qualified to do business in the State of Washington
- A legal description of the property
- A sketch or diagram showing the configuration of the interior of the adult entertainment business, drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus 6 inches
- A statement of total floor space
- An application signed by the owner and notarized.

Applicant/Owner/business Control Person Data

Fingerprints Required

Provide the following information for **each applicant/owner/business control person** --- partners, corporate officers, shareholders (own 10% or more of business) or any other persons who have substantial interest/management responsibilities in connection with the business. Specify the interest or management responsibility of each. "Substantial interest" shall mean ownership of 10% or more of the business or any other kind of contribution to the business of the same or greater size.

Additional "Applicant Owner/Business Control Data" sheets are available.

Title:		First, Middle, Last Name:		Aliases:	
Home address:				Home phone:	
Mailing address:				Business phone:	
Date of Birth:	Place of Birth:	Driver License #:		Driver License issued by (State):	
Interest or management responsibilities:					

Employment - Employment, Business and Occupational history for last 3 years, including name and address of employers where services as an independent contractor were provided:

Date	Name of Business	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business and Occupational History

Do you hold any adult entertainment licenses in another jurisdiction? ☐ Yes ☐ No **If yes**, please list the name of the business and the address:

Have you had an adult entertainment related license denied, suspended or revoked within the last 3 years preceding this application? ☐ Yes ☐ No **If yes**, please provide the following information:

Name of Business _____ Address _____

Date action taken _____ What type of adult entertainment license _____

Action (suspension, denial, revocation, etc.) _____ Jurisdiction _____

Reason for action _____

Current status _____

This application must be signed by the applicant/owner/business control person/partner/president and notarized or certified as true under penalty or perjury.

I, _____ being first duly sworn on oath, state that I am the above-named applicant/partner, business control person for a King County Adult Entertainment License, and I declare under penalties of perjury and/or revocation of any license granted that the answers contained in the application and any accompanying information have been examined by me and the matters and things set forth are true, correct and complete; that there are no oral agreements of any kind whatsoever which modify the provisions of the said specifically identified application and/or documents other than those fully disclosed in said application/documents. I further swear under penalty or perjury and/or revocation of any license granted that this business is in compliance with all applicable state and local laws governing the operation of the business. I further understand that there are **no refunds** of the license fee and **that falsification or omission on the applications are grounds for the denial, suspension, or revocation of the license applied for:**

☐ Partnership:
OR _____ Signature of General Partner _____ Title _____

☐ Corporation or Limited Liability:
OR _____ President's Signature _____ Title _____

☐ Sole proprietorship or Individual Owner: _____ Applicant or Individual Signature _____ Title _____

Subscribed and sworn to before me on _____ by _____

Signature, Notary Public in and for the State of Washington

My appointment expires: _____

OFFICE USE ONLY:

- ☐ Fingerprint card completed
- ☐ Partnership agreement (if partnership)
- ☐ Proof that business is qualified to do business in the State of Washington
- ☐ Legal description of property
- ☐ Diagram showing configuration
- ☐ Statement of total floor space
- ☐ Proof that applicant is over 18 years of age

Check out the Department of Permitting Web site at www.kingcounty.gov/permits